

Register District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH 17 1941  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Days  
In this community 24 Yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adline Euell  
(b) If veteran, name war. (c) Social Security No.

4. Sex Male 2 Color or race Negro  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Lemon Euell  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased September 3rd. 1889 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 11 0 hr. min.

9. Birthplace Yazoo Co. Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Phillip Dotch  
13. Birthplace Yazoo Co. Mississippi (City, town, or county) (State or foreign country)  
14. Maiden name Abbe Unavailable  
15. Birthplace Yazoo Co. Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Lemon Euell  
(b) Address 3423 Hickory St.

17. (a) Burial (b) Date thereof 8-8-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Sales

(b) Address 4107 Finney Ave.

19. (a) AUG - 6 1941 (b) J. H. Brudick (M.D. received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 181  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3423 Hickory  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1941 hour 3 minute 58 A.M.

21. I hereby certify that I attended the deceased from July 14, 1941, to August 3, 1941, that I last saw her alive on August 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia 4 days  
Acute Splenitis 20 days

Due to 15  
Due to 73

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. E. Tomlin (M. D. or other) 8/9/41  
Address 2601 North Whittier Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**